



STATE DEPARTMENT OF EDUCATION

P.O. BOX 83720
BOISE, IDAHO 83720-0027

TOM LUNA
STATE SUPERINTENDENT
PUBLIC INSTRUCTION

**MULTIPLE DISTRICT ASSIGNMENT/SUBSTITUTE TEACHER FORM
for SCHOOL PERSONNEL**

This form is to be used by employees working in multiple capacities in multiple districts.

Please list by district name and district identification number **ALL** districts in which you are employed. This list will allow you to work in these districts without undergoing a Background Investigation Check (BIC) (fingerprinting) for each. It is necessary for the appropriate superintendent/designee to sign the form for each district listed. **Additional districts will only be added if the BIC is less than three (3) months old.**

Employee Name (Please Print Clearly): _____

Last Four Digits of your Social Security Number: _____

Directions: Please check all that apply to current assignments:	
<input type="checkbox"/> Full/Part-Time Teacher	<input type="checkbox"/> Substitute Teacher*
<input type="checkbox"/> Summer School Teachers	<input type="checkbox"/> Driver Education
<input type="checkbox"/> Other Non-Certificated Duties, including coaches and Volunteers	<input type="checkbox"/> Student Teachers/Interns
<input type="checkbox"/> Substitute, other than a teacher, who temporarily replaces a non certificated employee (i.e., administrative assistant, cook, custodian, bus driver).	
<input type="checkbox"/> Supplemental Education Services (Please identify the agency you are tutoring with)	

* Substitute Teachers only need to have this form signed by the district submitting the fingerprint card to be placed on the state-wide substitute teacher list.

The only time this form is to be submitted with one signature is if the employee is a substitute teacher.

District/Agency & Number	Printed Name of Superintendent or Designee	Signature of Superintendent or Designee	Date

Return this completed form and the completed fingerprint card (if applicable) to:

State Department of Education
Background Records Office
PO Box 83720

Boise, ID 83720-0027

Contact as necessary: Shannon Haas (208) 332-6888

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Office Location
650 West State Street

Telephone
208-332-6800

Speech/Hearing Impaired
1-800-377-3529

Fax
208-334-2228